

967

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Pima State ARIZONA
Township _____ or Village _____
City Tucson No. 6. West. Hospital
(If death occurred in a hospital or institution, give its NAME instead of street number)
Length of residence in city or town where death occurred 10 yrs. 10 mos. 6 ds. How long in U. S. if of foreign birth? 10 yrs. 10 mos. 6 ds.

2. FULL NAME Nelson Curtis How long in State when death occurred? 12 yrs. 10 mos. 6 ds.
(a) Residence: No. Tahuarita, Ariz. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug. 25, 1922

7. AGE Years 10 Months 10 Days 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) No. 1. Mexico
(state or country)

13. NAME Louis Curtis

14. BIRTHPLACE (city or town) Canada
(State or country)

15. MAIDEN NAME Rebecca Pary

16. BIRTHPLACE (city or town) Mexico
(State or country)

17. INFORMANT Nelson Curtis
(Address) Tahuarita, Arizona

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Hope Date July 13, 1933

19. UNDERTAKER Wiley Undertaking Co.
(Address) Tucson, Arizona

20. Filed July 14, 1933 Form 15. Howland
Registrar Wiley (Address) Tucson Ariz.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11, 1933

22. I HEREBY CERTIFY That I attended deceased from July 10, 1933, to July 11, 1933
last saw him alive on July 11, 1933; death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
Peritonitis
Ruptured Appendix
Other contributory causes of importance: _____

Name of operation Appendectomy Date of July 10, 1933
What test confirmed diagnosis? Examination of organs 20
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? 20
If so, specify _____
(Signed) W. H. Mackey, M.D.
M. D. Tucson Ariz.

20M 4-19-33 MS 48294 Form 3

Back of Certificate to be used for any Additional Information